



# City of Delta

## 2010-2011 Little League Basketball

Players Name \_\_\_\_\_ **Boy or Girl**  
Parents Name \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Emergency Contact: Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Health considerations \_\_\_\_\_



### Please Check

I would be interested in coaching. \_\_\_\_\_  
I would be interested in helping the coach. \_\_\_\_\_

**I would be interested in sponsoring a team for \$150 or \$250 ask for info.**

Business name \_\_\_\_\_ preferred shirt color \_\_\_\_\_  
Contact person \_\_\_\_\_ phone# \_\_\_\_\_

### **Please circle one**

**T-Shirt Size: YS YM YL AS AM AL AXL**

| Check <input checked="" type="checkbox"/> | Grade | Deadline    | Day       | Class Time | Class Code | Fee  |
|---|-------|-------------|-----------|------------|------------|------|
| <input type="checkbox"/>                  | K-2   | November 14 | Saturdays | TBA        | 301301-N1  | \$35 |
| <input type="checkbox"/>                  | 3rd   | November 14 | Saturdays | TBA        | 301301-N2  | \$40 |
| <input type="checkbox"/>                  | 4th   | November 14 | Saturdays | TBA        | 301301-N2  | \$40 |
| <input type="checkbox"/>                  | 5th   | November 14 | Saturdays | TBA        | 301301-N3  | \$40 |
| <input type="checkbox"/>                  | 6th   | November 14 | Saturdays | TBA        | 301301-N4  | \$40 |

**A late fee of \$15 will be added to any registrations after Nov. 14**

**Return completed forms to Bill Heddles Checks payable: City of Delta**

I, the below signed as an adult ( or parent of), the parent of), do hereby release the City of Delta, it's officers, agents, or employees from liability for any injuries or damages which may result to myself (my child) as a result of the Participation of myself (my child) in the City of Delta Recreation Program. The applicant agrees to save and hold harmless the City of Delta, it's officers, agents, or employees for any damages or personal injury which may result from activities occurring on the property of the City of Delta which is used in conjunction with the Delta Recreation Program. Further the participant understands that parent or guardian participation is a requirement of this recreation program and that all of the coaches are volunteers.

Signature \_\_\_\_\_ Date \_\_\_\_\_

